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TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

Application Number	09/502,390
Filing Date	February 10, 2000
First Named Inventor	Roger K. Brooks
Group Art Unit	2613
Examiner Name	Shawn S. An
Attorney Docket No.	930114.405

RECEIVED

AUG 18 2003

ENCLOSURES (check all that apply)		Technology Center 2600
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below): <hr/> <hr/> <hr/> <hr/>

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Individual Name	Dennis M. de Guzman Reg. No. 41,702	Customer Number 00500
Signature		
Date	August 12, 2003	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date specified below.

Typed or printed name	Wendy Thomas
Signature	
Date: August 12, 2003	

**PEE TRANSMITTAL
for FY 2003**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) **328**

Complete If Known

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Technology Center 2600

METHOD OF PAYMENT

<input checked="" type="checkbox"/> Payment Enclosed:	<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other
<input type="checkbox"/> Deposit Account:	Deposit Account Number 19-1090
Deposit Account Name	Seed Intellectual Property Law Group PLLC

The Commissioner is authorized to (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
- Charge any additional fee(s) during the pendency of this application
- Charge fee(s) indicated below, except for the filing fee
- Charge any deficiencies

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1)		(\$ 0)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	29	-20** =	9	*	9	=	81
Independent Claims	4	-3** =	1	*	42	=	42
Multiple Dependent							

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	
1202	18	2202	9
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9
SUBTOTAL (2)		(\$ 123)	

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

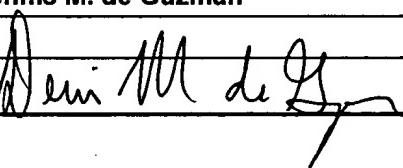
3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2520	1812	2520
1804	920*	1804	920*
1805	1840*	1805	1840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1450	2254	725
1255	1970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1510	1451	1510
1452	110	2452	55
1453	1300	2453	650
1501	1300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$ 205)**

SUBMITTED BY

Name (Print/Type)	Dennis M. de Guzman	Registration No. Attorney/Agent)	41,702
Firm Name/ Address			
Signature		Date	August 12, 2003

Customer Number

00500